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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	
First Inventor	ORAL SEKENDUR
Title	
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Customer Number or Bar Cr.	Mo Cook	(* Consequendarios address celow
Name	ORAL SEKENDUR	
	399 W. FULLERTO	N PKWY
Address		
City	CHICAGO	State IL Z.p Code 60614
Country	USA	Telephone 773 880 5574 773 880 5574
Name (Print/Type)	ORAL SEKENDUR	Registration No. (Attorney/Agent)
Signature		Date 08-27-0
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TOTAL AMOUNT OF PAYMENT

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Application Number			
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Fire Named Inventor	ORAL SEKENDUR		
Examiner Name			
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	115	110	215	55	Extension for reply within first month	
1. BASIC FILING FEE Large Entity Small Entity	116	590	216	198	Extension for reply within second month	
Fee Fee Fee Fee Fee Description	117	890	217	445	Extension for reply within third month	
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104 270 204 135 Multiple dependent claim. I full paid					(37 CFR § 1 129(a))	
109 8C 209 40 ** Raissue independent claims over original pate of	149	710	249	355	For each additional invention to be examined (37 CFR § 1 129(b))	
110 18 210 9 11 Reside cialns in excess of 20	179	710	279	355	Request for Convinued Examination (RCE)	
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Complete (il epplichble) SUBMITTED BY Гочерното 773 880 5574 Registration No (Altomy/Ageril) ORAL SEKENDUR Name (Prestype) 08-27-01 Dale Signature

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			Application Number	
TRANSMITTAL FORM		Filing Date		
		First Named Inventor ORAL SEKENDUR		
(to be used for a	ill currespondence afte	ər ınılıai filing)	Group Art Unit	
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Total Number o	of Pages in This Subm	isakm,	Atiomey Dockel Numbe	
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Amendment / Reply	,	Licensin	g-related Papers	Appeal Communication to Group
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or Individual name	ORAL SEKENDUR			
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mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this date:				
Typed or printed name	ORAL S	EKENDUF		<u>. </u>
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IN THE US PA	TENT AND TM OFFICE	1
Appn. No.:	NEW	2 APPLICATION
Filing Date:	03/15/99	
Applicant:	Sekendur, Oral F.	
Appn. Title:	One Visit Dental Prosth	esis
Examiner:		Mailed 8/27/01
Group:		Chicago, IL
Art Unit:		
CONTINUA	TTION IN PART	OF APPL # 09/270,896
Commissioner	of Patents and Trademarks	
Washington, Di	istrict of Columbia 20231	
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I certify that the	his correspondence will be o	leposited with the United States Postal
•	_	age affixed in an envelope addressed to:
		Washington, D.C. 20231" on the date
below.		
Applicant _		Date: 08-27-01
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